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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $1 MILLION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $1 million. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
The Gambia	3 750 000	3 750 000	1992-1996

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE GAMBIA

Basic data (1990 unless otherwise stated)

U5MR: 238	Child population (0-15 years): 397,000
IMR: 138	Literacy (male/female): 36/15 per cent
GNP per capita (1989): $240	Access to health services (urban/rural): 82/80 per cent

One-year-olds fully immunized against:

Tuberculosis:	99 per cent
Diphtheria/pertussis/tetanus:	93 per cent
Measles:	86 per cent
Poliomyelitis:	95 per cent

Pregnant women immunized against:

Tetanus:	83 per cent

The situation of children and women

1. The Gambia is one of the smallest countries in Africa, with a population of 861,000. Bisected by the Gambia River, which occupies one third of the country's total area, the Gambia shares borders with only one other country, Senegal.

2. The Gambia is also one of the least developed countries on the continent, with a per capita gross national product (GNP) of $240. However, there is a strong promotion of human rights within a multiparty democratic system. The programme for sustained development, launched in 1990 as a successor to the economic recovery programme of 1985, fosters economic growth to promote social and economic development through diversification of the country's heavily agricultural and single-crop dependent economic base and the involvement of the private sector. Tourism, fisheries, horticulture and livestock are areas being developed.

3. According to recent estimates, the infant mortality rate (IMR) declined from 160 per 1,000 live births in 1980 to 138 per 1,000 live births in 1990. In the same time-frame, the under-five mortality rate (U5MR) declined from 277 to 238 per 1,000 live births. A nationwide expanded programme on immunization (EPI) has made the Gambia one of the first sub-Saharan African countries to achieve universal child immunization (UCI). A substantial decrease in mortality and morbidity due to measles, whooping cough, diphtheria and yellow fever has been reported. Today, acute respiratory infections (ARI), malaria, diarrhoeal diseases and neonatal conditions are the major killers of Gambian children under five years old. To combat these diseases, health education for mothers on prevention, recognition of symptoms and the need for rapid medical intervention is required. Even more important, adequate medical services must be made available.

4. Although data are sketchy and incomplete, there are indications that chronic malnutrition among children could be as high as 40 per cent. Acute malnutrition may reach 4 per cent during the rainy season. Underlying causes include poor weaning practices and food taboos, as well as food shortages.

5. The maternal mortality rate (MMR) is extremely high, with a national average of 1,050 per 100,000 live births. The main causes of maternal mortality, haemorrhage and infection, relate to the lack of access to and poor quality of services. With the introduction of primary health care (PHC) services, an increasing number of women are assisted during delivery by a trained traditional birth attendant (TBA). However, studies show that rates in rural areas are still high: double those in urban areas.

6. In 1979, the Government adopted PHC as its strategy for health-care delivery. More recently, the principles of the Bamako Initiative have also been reflected in the strategy. The current health infrastructure consists of 381 community-financed village health services; 31 basic health services, providing first-line referral support; and 2 government hospitals. Budget allocations for health have increased in recent years to about 10 per cent of the country's total budget. However, attempts to shift resources from hospitals to basic health services have failed, and the hospital share of the health budget has risen from 33 per cent in 1985/86 to 45 per cent in 1989/90.

7. An estimated 50 to 60 per cent of the population has access to PHC through village health services. Despite early successes in operationalizing village health services, major problems persist such as the separation between village health services and the health centre and hospital system and the control of resources generated at the local and health centre levels. Logistical and financial constraints are leading to shortages of drugs and supplies, community health nurses are being asked to take on additional duties and lack time to train and supervise the village health workers (VHWs) and facilities are poorly maintained as a result of waning community support.

8. A new government education policy is designed to provide nine years of basic education, starting at seven years of age. Early childhood development and the use of national languages in the non-formal system are supported and the educational needs of handicapped children are addressed. The policy also addresses many of the constraints the education system faces such as the lack of an adequate infrastructure, school supplies and qualified teachers and negative social attitudes towards education, especially for girls.

9. Achievements in the provision of water supply include 48 per cent coverage of the population (42 per cent in rural and 55 per cent in urban areas). However, the health impact, such as the reduction of water-borne diseases, has yet to be proven, indicating a need for attention to broader environmental issues and to link water supply and sanitation with health. Improved policy development and coordination is essential to strengthen the operation and maintenance aspects of water supply schemes and the overall sanitation and hygiene education components.

10. The socio-economic status of women is perceived as less important than that of men. Women receive limited recognition and lack decision-making power in their multiple roles (income earner, mother, husband's assistant, community worker), which leave little time or energy for self-improvement. Primarily, women are valued for their reproductive role, often at the expense of their formal education (48 per cent of primary-school-age girls are enrolled compared to 60 per cent of boys).

Programme cooperation, 1987-1991

11. UNICEF opened a sub-office in Banjul in 1986 and began the first country programme of cooperation.

12. The major thrust in the area of health was EPI. This programme, for which UNICEF remains the principal donor, relies on 42 fixed health stations and 141 outreach sites, which provide monthly maternal and child health (MCH)/EPI services. The integration of EPI into general MCH services has been the key to the success of the immunization effort. Full immunization coverage increased from 52 per cent in 1985 to 82 per cent in 1990.

13. Initial steps to reduce MMR included TBAs and upgrading health facilities dealing with high-risk pregnancies in rural areas. The ARI programme emphasized training of PHC staff in case management and the distribution of drugs for the first-line treatment of pneumonia by peripheral health care workers. However, health education needs to be further developed. In rural areas, a project in which mosquito nets for beds were sprayed with insecticide ("bed-net impregnation") supplemented current strategies for malaria control, where chloroquine treatment of all fevers during the malaria season failed to show a reduction in mortality and morbidity from malaria, owing partly to late treatment and partly to misdiagnoses by VHWs. By 1991, bed-net impregnation coverage in the 127 villages involved ranged from 68 to 96 per cent. The control of diarrhoeal diseases (CDD) was introduced in health training curricula and oral rehydration therapy (ORT) was promoted through radio spots, printed materials and workshops. More emphasis is needed on promoting home fluids and increasing access to oral rehydration salts (ORS), hygiene and environmental sanitation. Advocacy and social mobilization efforts led to greater community participation, as reflected in a major thrust for ORT and the achievement of UCI. Much more needs to be done to improve MCH knowledge at the community level.

14. In collaboration with the Nutrition Unit of the Ministry of Health, a national nutrition surveillance survey was conducted twice a year, during the rainy and dry seasons. Field nutritionists and 65 community health nurses received training twice a year prior to the survey. The promotion of breast-feeding and suitable weaning practices helped to prevent malnutrition.

15. The training of 400 teachers focused on administration and home economics. The school farms and gardens project covered some 60 out of a total of 254 primary and secondary schools, with emphasis on agricultural development in the curriculum. In 1990, a new initiative in non-formal

education was introduced in order to link teaching and learning materials in five local languages to the needs of daily life.

16. In the rural water supply sector, the Government received assistance in policy development, implementation and monitoring. Although physical targets were not excessive, the Government has looked increasingly to UNICEF to provide technical assistance and support for the introduction of new technologies for water supply and sanitation and the development of suitable monitoring systems, including water quality control systems. A database was established for all water supply systems in the country and water quality units were strengthened. For the past two years, UNICEF has been supporting a working group responsible for improved planning and coordination of the sector.

17. The mid-term review, held in September 1990, recommended a number of corrective actions, including improvement of inter- and intrasectoral linkages, planning and monitoring and evaluation, and more rational utilization of resources, geared towards sustainability of efforts; more emphasis on information, education and communication (IEC); and increased community participation and involvement of women. In particular, it was observed that UNICEF should focus its activities on priority interventions. As a follow-up to the World Summit for Children, the UNICEF Banjul office was requested by the Office of the President to become a member of a special committee for the preparation of a national programme of action.

Recommended programme cooperation, 1992-1996

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1992	1993	1994	1995	1996	Total
Health	300	300	300	300	300	1 500
Water supply and environmental sanitation	200	200	200	200	200	1 000
Education	150	150	150	150	150	750
Monitoring children and development goals	100	100	100	100	100	500
Subtotal	750	750	750	750	750	3 750

Supplementary funding	1992	1993	1994	1995	1996	Total
Health	205	370	450	450	475	1 950
Water supply and environmental sanitation	150	205	215	215	215	1 000
Education	164	210	179	156	91	800
Subtotal	519	785	844	821	781	3 750
Total	1 269	1 535	1 594	1 571	1 531	7 500

18. The 1992-1996 programme of cooperation seeks to enhance the survival, protection and sustainable development of children and women within the framework of government policies and priorities, with the following general objectives: (a) reducing IMR and U5MR by 25 per cent; (b) reducing MMR in rural areas by 25 per pent; (c) increasing access to basic education for children, particularly young girls, and raising the literacy rate of women; (d) increasing access to safe water supply to 75 per cent and improving the community hygiene environment; (e) strengthening national planning and government implementing capacity; and (f) raising awareness of the situation of women and children.

19. The principal strategies will focus on (a) strengthening national planning, implementation and monitoring capacity, as well as improving accessibility to and the quality of services through community participation; (b) ensuring an integrated, multisectoral and coordinated approach to service delivery; and (c) advocating the formulation of child survival and development (CSD) policies.

Health

20. The programme will sustain UCI by ensuring the delivery of immunization services at health centres, dispensaries and outreach sites, and by strengthening the integration of immunization services with activities in antenatal clinics, family planning services, health education and child welfare clinics. Within the context of the Bamako Initiative, EPI operating costs will be incorporated gradually into a cost-sharing system, and community involvement in the programme will be strengthened.

21. The Bamako Initiative strategy for the revitalization of PHC services will aim to provide integrated, effective coverage of the population with operational, cost-sharing health services. To support delivery level centres and VHWs, regional management capacity will be strengthened, especially in the areas of supervision, training and drug supply. Priority activities will include malaria management with the administration of chloroquine and the use of bed-nets impregnated with insecticide at the village level; diarrhoea case management in the home and at health facilities by strengthening ORT corners at major health centres and improving access to ORS; pneumonia detection and

case management at the village level, involving traditional healers and herbalists; and the orientation of mothers on ARI issues.

Education

22. Following the Jomtien Declaration on Education for All, the Government has renewed its emphasis on basic education, including early childhood and non-formal education, and improving the quality and relevance of formal education. Specific objectives of the education programme will include (a) increasing the enrolment rate of primary-school-age children from 61 to 70 per cent by 1996; (b) providing 6,000 adults, especially women, with literacy and numeracy skills; (c) reducing female illiteracy rates in rural areas; (d) standardizing and improving the quality of early childhood care and educational opportunities in existing pre-school centres; and (e) strengthening human resource capacity in the primary education, early childhood and non-formal education sectors. The early childhood development project will support policy formulation for improving standards in existing pre-schools and the testing of curricula and learning materials in 20 pre-schools. The primary education project will improve the quality of education through teacher training and curriculum development and will link education with life skills through the school farms-and-gardens project. The suitability for replication of the latter project will be evaluated on a national scale. The non-formal education project will aim to provide women in particular with basic literacy skills linked to health, nutrition and income-generating activities.

Water supply and environmental sanitation

23. The programme will aim to increase safe water supply coverage to 75 per cent and sanitation coverage to 20 per cent by 1996. A major emphasis has been placed upon strengthening government departments and non-governmental organizations (NGOs) in order to improve sector planning and implementation. Three projects will be developed. The first project will focus on capacity-building, including support for human resource development, strengthening of institutional capacity and intersectoral coordination. The second will aim to provide low-cost water supply and sanitation facilities at all primary schools as the focal point for delivery of services. This will be coordinated with each school's farm-and-garden project under the education programme. The third project will focus on rural sanitation and hygiene education in order to develop suitable strategies and procedures for rapid acceleration throughout the country.

Monitoring children and development goals

24. The Government's commitment to the Declaration and Plan of Action of the World Summit for Children and the Convention on the Rights of the Child and the success of EPI have created a favourable environment for advocacy and social mobilization. In December 1990, the President, as Chairman of the Economic Community of West African States (ECOWAS) hosted the West African

Regional Parliamentary Workshop on Child Survival and Development (CSD). A parliamentary media task force has since been established to support CSD mobilization activities. Advocacy will now focus on monitoring the goals for children and development and continuing efforts to adopt legislation within the context of the Convention on the Rights of the Child.

25. Monitoring systems will be strengthened to enable updating of the situation analysis of women and children. Major evaluations of PHC (Bamako Initiative) and basic education are planned towards the end of the programme cycle.

26. In collaboration with United Nations agencies and other partners, especially NGOs, UNICEF will stress complementarity of activities benefiting children and women. Cooperation with the World Health Organization (WHO), originally initiated in the EPI project, will be extended to PHC/MCH activities. UNICEF will also work closely with the United Nations Development Programme (UNDP) and the World Bank in the areas of basic education and water supply and environmental sanitation.